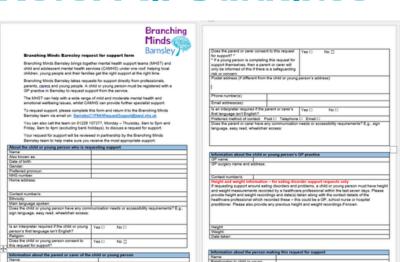
Branching Minds

Referral Guidance





Page 1 & 2- Please complete <u>all</u> boxes with current information.
Consent <u>must</u> be gained before
Request for Support (RfS) is made.
Height and weight is only required for RfS requesting support for eating disorders. For these requests the measurements must be done by a healthcare worker in the previous 7 days.

Page 3- Please complete all boxes with current information. Please complete all tick boxes, where answering yes, please provide additional information in the free text box below.

Main Problem: please provide information relating the identified mental health need including;

- presentation of need
- triggers
- impact (e.g. coronavirus pandemic)
- duration of symptoms

Some relevant background to mental health need and major life events is useful, however this should be concise.

Your contact phone number.			
Your email address (if applicable):			
When did you last see the child or			
roung person? (if applicable)			
School or college information (if applicable)			
Name of the school or college that child or			
young person attends:			
Year group:			
Name of key contactimember of staff at			
school or college: Telephone number of the school or college:			
relegations increases on one surroot of college:			
Does the child or young person have any additional nee	rds?		
Early help assessment	Yes D	No 🗆	I don't know 🗆
Open to team around the family or child in need	Yes 🗆	No □	I don't know []
Subject to a child protection plan (CPP)	Yes 🗆	No 🗆	I don't know 🗆
Elected home educated (EHE)	Yes 🗆	No C	I don't know []
Looked after child or care leaver	Yes 🗆	No □	I don't know 🗆
Young carer	Yes []	No □	I don't know 🗆
Excluded from school or college/at risk of exclusion	Yes D	No □	I don't know 🗆
Substance misuse e.g., alcohol or drugs	Yes 🗆	No C	I don't know □
Not in education, employment or training (NEET)	Yes 🗆	No □	I don't know 🗆
Special educational need or disability (SEND)	Yes 🗆	No []	I don't know 🗆
Physical health needs (including allergies)	Yes 🗆	No □	I don't know 🖂
Any existing diagnosis (e.g., ASD, ADHD, PTSD, OCD, anxiety, depression)	Yes 🗆	No 🗆	I don't know 🗆
Education Health and Care Plan (EHCP)	Yes 🗆	No □	I don't know 🗆
Please provide more details: What are the main problems that the child or young per	son would li	ie help wi	th? And how is
this affecting their life?			
Please provide more information here and tick any of the be	now which are	relevant.	
Low mood: sadness, low motivation			
(c) (m)			NHS
COMPASS BE			South Wes shire Partnership

Mild to moderate anxiety: womes, feets, and concerns (
Common challenging behaviours: angry outbursts, push	ing boundaries []
Difficulty managing emotions []	
Family, triends and overall relationship difficulties	
Difficulty adjusting to change and/or transition []	
What are the children or young person's goals? What is the parent or carer's goals?	
What is the professional's or referrer's goals? (If ma	Ains this referrall
E.g., Think about the reason for the referral, how are the	ry feeling or behaving at home or school?
What is worrying you or the child or young person? How	
and support? What benefits do you want to see from me	Aing this request for support?
What other agencies or services are supporting the	child young parson or their family?
E.g., social care, family support worker, pastoral school	support
E.g., please include risks of harm to self or others, any s	afeguarding concerns
E.g., please include risks of harm to self or others, any s	afeguarding concerns
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E.g., please include risks of harm to saif or others, any s "For professionals, please attached any current or previ- ficial the child or young person had any past or current	ulsquarding concerns over risk assessment, if applicable st significant medical conditions?
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Are there any current or previous risks to the child (g. please routed risks of here to set or others, any for professionists, please attended any current or previous professionists, please attended any current or previous professionists, please attended any current or previous tax the child for young person had any past or current (g. any alweges, long-term conditions or hospital leastern	ulequaring concerns or this assessment if applicable or this assessment if applicable or toggether medical conditions? ord or stays
E.g., please include risks of harm to saif or others, any s "For professionals, please attached any current or previ- ficial the child or young person had any past or current	ulsquarding concerns over risk assessment, if applicable st significant medical conditions?
E.g., please include risks of harm to saif or others, any s "For professionals, please attached any current or previ- ficial the child or young person had any past or current	skeparing concerns or the seasonment, if applicable or the seasonment, if applicable or the seasonment of the seasonment
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Page 4 & 5-

Goals: These should be about what the CYP, Parent and professional are hoping to achieve as a result of the RfS. Be direct and clear. Ensure that the young persons voice is evident.

Agencies and Support: please include current and previous services and treatments. Names and contact details should be included for any current support as well the current support offer from that service.

Risk: avoid using medical terms (such as suicidal ideation, deliberate self harm, superficial harm) unless you have been trained in this. If identified please provide details of

• What they did, what they said, anything they used, any plans in place to manage.

Please ensure appropriate consent box is ticked - only <u>one</u> should be applicable - so please only tick the correct one.



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